

SECRET

27 June 1957

728

MEMORANDUM FOR: Director of Personnel

SUBJECT: Proposal for Office of Personnel to assume responsibility for complete follow through on settlement of hospitalization claims.

1. The attached paper represents a type of activity which FE Division believes can best be followed to conclusion by the Office of Personnel. We propose that, instead of Benefits and Casualty Division preparing this information and transmitting it to FE Division where it is again typed into dispatch form, the Office of Personnel prepare the dispatch to the field. The saving to the Agency would be, other than time, one typing exercise. In addition to this, it would offer the advantage of placing final action responsibility at the point of functional responsibility and decision.

2. In the very near future the new field dispatch form will be used throughout the Agency. This form is completely assembled with interleaved carbons. Thus, all the Benefits and Casualty Division would have to do is place the form in a typewriter and type the address and body. This would result in a clerical operation only slightly greater than typing the attachment hereto. Then the Office of Personnel would send the completed dispatch to FE/Personnel for release.

3. If the above suggestion is acceptable to you, we further propose that upon receipt of a dispatch from the field, subject of which is hospitalization claim, FE/Personnel will route such dispatch directly to the Office of Personnel for action.

4. If you should care to pursue this proposal further, of this Division will be available, at your convenience, for that purpose.

25X1A

Chief, Far East Division

25X1A

Attachment

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DATE _____

(If payment has been made
after above date, ignore
this notice.)

TO:

FROM: Chief, Insurance Branch/BCD/Pers.

SUBJECT: Delinquent Notice - _____
(Name of Subscriber)

RE: ☐ Mutual Hospitalization; ☐ United Benefit Life Insurance;
☐ War Agencies Employees Protective Association

1. Our records show that the insurance payment due for the current month on the plan checked above, has not been received. If paid in person, this premium must be received in the Cashier's Office, Room 144, Curie Hall (hours 10:00 A. M. through 3:00 P. M.) before the end of the month or your coverage will be cancelled, in accordance with the terms of our contract with the underwriters.

2. Insurance premiums are due and payable in advance (see back cover of GEHA Booklet). To be up to date, your Record of Payment Card should show payment for one month in advance of the current month. REMEMBER the responsibility for making timely payments is YOURS.

3. All checks and money orders should be made payable to GEHA, Inc. If check is mailed to this office, use the intraoffice mail address, Room 1424E, Curie Hall. Please enclose your orange Record of Payment Card and a self-addressed envelope (intraoffice mail address) so that book may be returned to you. Mail payments must be received in the Insurance Branch prior to the last day of this month or your coverage will be cancelled, in accordance with the terms of our contract with the underwriters.

4. See GEHA Booklet or your Record of Payment Card for premium rates.

[Empty rectangular box for stamp or signature]

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MEH

Chief, Audit Staff

26 April 1957

Chief, Benefits and Casualty Division, Pers.

Outstanding Checks - Government Employees Health Association, Inc.

REFERENCE: Report of Audit of GEHA, Inc. as of 31 May 1956

1. In reference to telephone conversation on 24 April 1957 between [] of your office and [] of this office, it was agreed that the sentence "Action should be taken towards clearing all checks outstanding in excess of ninety days" in paragraph (4) of reference memorandum should be amended in part to read "in excess of one hundred and twenty days."

2. In the event you concur, please return one signed copy.

/s/
[]

CONCUR:

/s/

CHIEF, AUDIT STAFF

*Signed Original filed
"audit" folder*

JST:bao

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